

1 LEVIN LAW GROUP PLC
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8 Attorneys for Rex Miller and
9 Cutting Edge Orthopedics, LLC
10

11 **UNITED STATES BANKRUPTCY COURT**
12 **NORTHERN DISTRICT OF CALIFORNIA**
13

14 In re
15 PG&E CORPORATION,
16 And
17 PACIFIC GAS AND ELECTRIC
18 COMPANY,
19 Debtors.
20 X – Affects Both Debtors
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CASE NO. 19-30088-DM

**MOTION PURSUANT TO FED. R. CIV.
PRO. 17(a)(3) TO SUBSTITUTE
CUTTING EDGE ORTHOPEDICS, LLC,
AS THE REAL PARTY IN INTEREST
FOR CLAIM PREVIOUSLY FILED, OR
IN THE ALTERNATIVE, TO ENLARGE
TIME TO FILE PROOFS OF CLAIM
PURSUANT TO FED. R. BANKR.
9006(b)(1); DECLARATION OF REX
MILLER IN SUPPORT THEREOF**

Date: July 7, 2020

Time: 10:00 a.m.

**Place: 450 Golden Gate Avenue
Courtroom 17**

San Francisco, CA 94102

Judge: Hon. Dennis Montali

Objection Deadline: June 29, 2020

1 Pursuant to Rule 17(a)(3) of the Federal Rules of Civil Procedure (“Rule 17(a)(3)”), Rex
2 Miller, individually, as a managing member of Cutting Edge Orthopedics. moves to amend Claim
3 No 82822 which he filed pro per, as an individual on October 20, 2019. Attached hereto as Exhibit
4 C. The purpose of the amendment is to substitute Cutting Edge Orthopedics, LLC, which is the
5 real party in interest for the business loss claims asserted in Exhibit C. An amended Proof of
6 Claim is submitted herewith Exhibit B. This Motion is supported by the attached declarations of
7 Rex Miller and of Capstone Orthopedics, Inc, by its CEO Glen Ellis. Exhibit A-2. Mr. Miller is a
8 manager of Cutting Edge and is duly authorized, as verified by Capstone, which is also a member
9 of Cutting Edge.
10

11 **I. FACTS**

12 Rex Miller was and is an individual and a managing member of Cutting Edge Orthopedics,
13 LLC. Capstone Orthopedic, Inc. is also a member of Cutting Edge. Mr. Miller is authorized to act
14 for Cutting Edge Orthopedics, LLC. Exs A-1 and A-2.
15

16 Mr. Miller, on October 20, 2019, timely filed claim 82822 pertaining to business and
17 income loss at the business address of Cutting Edge Orthopedics, LLC, 165 Rio Lindo Ave, Suite
18 100, Chico, CA, 95926, and at his home located at 5 Cabaret Drive, Chico, CA 95973. Exhibit C.
19

20 Although the proof of claim form filed in October named him as an individual, it was his
21 intent to assert a claim for the business loss at the clinic operated by the LLC. *See*, Miller
22 Declaration, Exhibit A-1.

23 On April 17, 2020, Mr. Miller retained counsel who advised him that the real party in
24 interest for the business loss claim is Cutting Edge Orthopedics, LLC. His error in failing to name
25 the LLC was an honest mistake. It was not made to gain any kind of advantage. Exhibit A-1.

26 An amended proof has been prepared to state the claim properly. (Exhibit B).
27
28

1 **II. ARGUMENT**

2 Rule 17(a)(3), F. R. Civ. Pro.,¹ applies when a party has been misnamed in any civil claim.
3 It allows the substitution of the real party in interest and provides for the action “to proceed as if it
4 had been originally commenced by the real party in interest.” The rule applies “when an honest
5 mistake has been made in choosing the party in whose name the action is to be filed.” 1966
6 Advisory Committee Notes. The Rule applies to corrections by the plaintiff (or creditor in this
7 case) as well as the defendant (debtor). *Jones v. Las Vegas Metropolitan Police Department*, 873
8 F.3d 1123, 1129, 98 Fed. R. Serv. 3d 1603 (9th Cir. 2017) (holding that “the district court abused
9 its discretion by failing to give plaintiffs a reasonable opportunity to substitute the proper party and
10 thus cure the defective complaint”). Absent evidence that the party was intentionally misnamed in
11 order to secure a procedural advantage, or based on other bad faith motive, the rule requires that
12 the correct party be substituted for the party named in good faith error. Mr. Miller made an honest
13 mistake in failing to name Cutting Edge Orthopedics, LLC as the owner of the business. The
14 claim was timely made, so there is no prejudice to debtors or other creditors. The amended claim
15 should be allowed and should relate back to the October 20, 2019 filing.
16
17

18 In the alternative, to the extent that an extension of the bar date is required to effectuate the
19 purpose of Rule 17, the mistake in naming Mr. Miller instead of Cutting Edge Orthopedics, LLC
20 should be corrected by permitting the late filing of the amended proof under Bankruptcy Rule
21 9006(b).
22
23

24 _____
25 ¹ (3) *Joinder of the Real Party in Interest*. The court may not dismiss an action for failure to
26 prosecute in the name of the real party in interest until, after an objection, a reasonable time has
27 been allowed for the real party in interest to ratify, join, or be substituted into the action. After
28 ratification, joinder, or substitution, the action proceeds as if it had been originally commenced
by the real party in interest.

1 Bankruptcy Rule 9006(b)(1) allows the enlargement of time for “an act . . . required or
2 allowed to be done at or within a specified period . . . by order of court.” Rule 9006(b)(1).
3 “Excusable neglect” under Bankruptcy Rule 9006(b)(1) is a flexible concept and caselaw has
4 identified four non-exclusive factors to be considered:
5

6 With regard to determining whether a party's neglect of a deadline is excusable
7 . . . we conclude that the determination is at bottom an equitable one, taking account of all
8 relevant circumstances surrounding the party's omission. These include . . . [1] the danger
9 of prejudice to the [nonmovant], [2] the length of the delay and its potential impact on
judicial proceedings, [3] the reason for the delay, including whether it was within the
reasonable control of the movant, and [4] whether the movant acted in good faith.

10 *Pioneer Inv. Servs. Co. v. Brunswick Assocs. Ltd. Partnership*, 507 U.S. 380, 395, 113 S.Ct.1489,
11 1498 (1993) (citations omitted).
12

13 In the present case, there is no potential for prejudice. The business loss claim was stated
14 in the timely-filed claims. All creditors are being paid. The amendment is being filed within a
15 few weeks after Mr. Miller, a managing member of Cutting Edge Orthopedics, LLC, learned of the
16 error. While movants are responsible for the error, it was made in good faith. There are no
17 countervailing factors that weigh against allowing the amended claim.

18 The amended claim should be allowed in the interest of justice.
19

20 **III. CONCLUSION**

21 For the alternative reasons set forth above, Movants respectfully request that this Court
22 enter an Order pursuant to Fed. R. Civ. Pro. 17(a)(3) and/ or Bankruptcy Rule 9006(b)(1) as
23 follows:
24

- 25 1. Granting this Motion;
- 26 2. Directing that the claim amendment at Exhibit B hereto be deemed timely filed as
27 relating back to October 21, 2019;

1 3. Or, alternatively, directing that Movants shall have until 30 days from a ruling on
2 this Motion to submit the proof of claim attached as Exhibit B to Prime Clerk.

3 4. Granting such other or further relief as the Court deems just and proper.
4

5 DATED: June 8, 2020

LEVIN LAW GROUP PLC

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8 By: /s/ Richard H. Levin
Richard H. Levin
9 Attorneys for Cutting Edge Orthopedics, LLC
and Rex Miller
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EXHIBIT A

1 LEVIN LAW GROUP PLC
RICHARD H. LEVIN (SBN 32041),
2 rlevin@wildfirelossattorney.com
2615 Forest Avenue, Suite 120
3 Chico, California 95928
Telephone: 530-353-1679
4 Facsimile: 877-310-0160

5 Attorneys for Cutting Edge Orthopedics, LLC
and Rex Miller

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA**

In re

PG&E CORPORATION,

And

PACIFIC GAS AND ELECTRIC
COMPANY,

Debtors.

X – Affects Both Debtors

CASE NO. 19-30088-DM

Ex A – Declaration of Rex Miller

Date: June 24, 2020
Time: 10:00 a.m.
Place: 450 Golden Gate Avenue
Courtroom 17
San Francisco, CA 94102
Judge: Hon. Dennis Montali

Objection Deadline: June 16, 2020

DECLARATION OF REX MILLER

I, REX MILLER, declare:

1. I am over 21, competent to testify and I have personal knowledge of the following.
2. I am a manager of Cutting Edge Orthopedics, LLC and am authorized to act for that entity in connection with this claim.
3. Cutting Edge Orthopedics, LLC is a California Limited Liability Company that has, at all relevant times, operated an orthopedic clinic located at 165 Rio Lindo Ave, Suite 100, Chico, CA 95926. Many of its customers resided in or near Paradise California prior to the 2018 Camp Fire.

**MOTION TO SUBSTITUTE SIR TOOLS, LLC AS REAL PARTY IN INTEREST
FOR BUSINESS LOSS CLAIM**

1 4. As a direct result of damage, injuries and death caused by the Camp Fire,
2 Cutting Edge Orthopedics suffered a substantial loss of customers which resulted in a
3 substantial business loss.

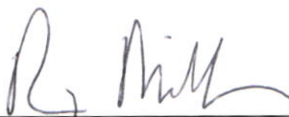
4 5. On October 20, 2019, I filed a proof of claim, pro per, for the business loss,
5 economic damages, and lost earning capacity and income suffered at the clinic located at
165 Rio Lindo Ave, Suite 100, Chico, CA. It was my intent to claim all losses suffered by
the LLC. Ex C – Claim 82822.

6. On April 17, 2020, I retained the Levin Law Group, PLC to represent me and
Cutting Edge Orthopedics, LLC in connection with the losses arising from the Camp Fire.

7. During discussions with attorney Richard Levin, I learned that claim 82822
should have been filed by Cutting Edge Orthopedics, LLC because it is the entity that was
damaged by the loss of business resulting from the Camp Fire. It is the real party in
interest for the business loss claim, but I remain the real party in interest for my loss of net
income which resulted from the business loss of the LLC.

I declare under the penalty of perjury and pursuant to 28 USC 1746 that the foregoing is true
and correct.

Executed on this 26TH day of May, 2020.



Rex Miller

1 LEVIN LAW GROUP PLC
2 RICHARD H. LEVIN (SBN 32041),
3 rlevin@wildfirelossattorney.com
4 2615 Forest Avenue, Suite 120
5 Chico, California 95928
6 Telephone: 530-353-1679
7 Facsimile: 877-310-0160

8 Attorneys for Cutting Edge Orthopedics, LLC and
9 Rex Miller

10 **UNITED STATES BANKRUPTCY COURT**
11 **NORTHERN DISTRICT OF CALIFORNIA**

12 In re
13 PG&E CORPORATION,
14 And
15 PACIFIC GAS AND ELECTRIC
16 COMPANY,
17 Debtors.
18 X – Affects Both Debtors

CASE NO. 19-30088-DM
Ex A-2 – Declaration of Capstone
Orthopedics, Inc.

19 **DECLARATION OF CAPSTONE ORTHOPEDICS, INC BY GLEN ELLIS**

20 I, Glen Ellis, in my capacity as CEO of Capstone Orthopedics, Inc. declare:

- 21 1. I am over 21, competent to testify and I have personal knowledge of the following.
- 22 2. Capstone Orthopedics, Inc. is a member and manager of Cutting Edge Orthopedics,
23 LLC.
- 24 3. Rex Miller is authorized to act for Cutting Edge Orthopedics, LLC in connection
25 with all claims for loss resulting from the Camp Fire.
- 26 4. Cutting Edge Orthopedics, LLC is a California Limited Liability Company that has, at
27 all relevant times, operated an orthopedic clinic located at 165 Rio Lindo Ave, Suite 100, Chico, CA
28 95926. Many of its customers resided in or near Paradise California prior to the 2018 Camp Fire.

7. On April 17, 2020, Cutting Edge Orthopedics, LLC retained the Levin Law Group, PLC to represent it in connection with the losses arising from the Camp Fire.

12 8. As a result of discussions with attorney Richard Levin, I learned that claim 82822
13 should have been filed by Cutting Edge Orthopedics, LLC because it is the entity that was damaged
14 by the loss of business resulting from the Camp Fire. It is the real party in interest for the business
15 loss claim.
16

9. The error in naming Mr. Miller rather than the LLC was an honest mistake. I did not seek to gain any procedural or other advantage by naming the wrong entity as creditor.

19 I declare under the penalty of perjury and pursuant to 28 USC 1746 that the foregoing is true
20 and correct.

Executed on this 5 day of June, 2020.


DocuSigned by:

B0151A0267F548A...
Glen Ellis

EXHIBIT B

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	Cutting Edge Orthopedics, LLC Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____ _____ _____ _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name <u>Levin Law Group PLC</u> Attorney Name (if applicable) <u>Richard Levin</u> Attorney Bar Number (if applicable) <u>32041</u> Street Address <u>2615 Forest Ave, Suite 120</u> City <u>Chico</u> State <u>CA</u> Zip Code <u>95928</u> Phone Number <u>530 353 1679</u> Email Address <u>rlevin62@aol.com</u>	Where should payments to the creditor be sent? (if different) Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____ Email Address _____
5. Does this claim amend one already filed?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Claim number on court claims registry (if known) <u>82822</u> Filed on <u>10/20/2019</u> MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date this Claim Form is Filed

7. What fire is the basis of your claim? Check all that apply.	<input checked="" type="checkbox"/> Camp Fire (2018) <input type="checkbox"/> North Bay Fires (2017) <input type="checkbox"/> Ghost Ship Fire (2016) <input type="checkbox"/> Butte Fire (2015) <input type="checkbox"/> Other (please provide date and brief description of fire: _____)
8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.)	Location(s): 165 Rio Lindo Ave, Suite 100, Chico CA 95926
9. How were you and/or your family harmed? Check all that apply	<input type="checkbox"/> Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage) <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Renter <input type="checkbox"/> Occupant <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> Personal Injury <input type="checkbox"/> Wrongful Death (if checked, please provide the name of the deceased) _____ <input checked="" type="checkbox"/> Business Loss/Interruption <input checked="" type="checkbox"/> Lost wages and earning capacity <input type="checkbox"/> Loss of community and essential services <input type="checkbox"/> Agricultural loss <input type="checkbox"/> Other (Please specify): _____
10. What damages are you and/or your family claiming/seeking? Check all that apply	<input checked="" type="checkbox"/> Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage) <input type="checkbox"/> Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage) <input checked="" type="checkbox"/> Punitive, exemplary, and statutory damages <input checked="" type="checkbox"/> Attorney's fees and litigation costs <input checked="" type="checkbox"/> Interest <input checked="" type="checkbox"/> Any and all other damages recoverable under California law <input type="checkbox"/> Other (Please specify): _____
11. How much is the claim?	<input type="checkbox"/> \$ _____ (optional) <input checked="" type="checkbox"/> Unknown / To be determined at a later date

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☐ I am the creditor.
☒ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date 06/08/2020 (mm/dd/yyyy)

/s/ Richard H. Levin

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>Richard Levin</u>		
	First name	Middle name	Last name
Title	<u>Attorney</u>		
Company	<u>Levin Law Group PLC</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>2615 Forest Ave, Suit 120</u>		
	Number	Street	
	<u>Chico</u>	<u>CA</u>	<u>93928</u>
	City	State	ZIP Code
Contact phone	<u>530 353 1679</u>	Email	<u>rlevin62@aol.com</u>

EXHIBIT C

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:
PG&E CORPORATION,
- and -
PACIFIC GAS AND ELECTRIC
COMPANY,
Debtors.

Bankruptcy Case
No. 19-30088 (DM)

Chapter 11
(Lead Case)
(Jointly Administered)

Proof of Claim (Fire Claim Related)

Read the instructions before filing this claim form. This form is for tort claimants who have a claim against the Debtors (i.e. PG&E Corporation and Pacific Gas and Electric Company) that arose prior to the Debtors filing for bankruptcy (i.e. prior to January 29, 2019) and that arose from, or relates to, a fire.

Do not use this form for non-fire claims. Non-fire tort claimants should use Form 410.

Do NOT file a fraudulent claim. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Please type or print in the spaces below. Do NOT use red ink or pencil.

Part 1: Identify the Claim

1. Who is the current creditor?	rex miller Name of the current creditor (the person or entity to be paid for this claim)	
2. Has this claim been acquired from someone else?	<input type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Are you filing this claim on behalf of your family? A family is a group of two or more people related by birth, marriage, domestic partnership, or adoption and residing together. All such people are considered as members of one family.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If you checked "Yes", please provide the full name of each family member that you are filing on behalf of: _____ _____ _____ _____	
4. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? Name rex Attorney Name (if applicable) miller Attorney Bar Number (if applicable) _____ Street Address 5 Cabaret Drive City CHICO State CALIFORNIA Zip Code 95973 Phone Number 5308946400 Email Address rexmillercp@gmail.com	Where should payments to the creditor be sent? (if different) Name _____ Attorney Name (if applicable) _____ Attorney Bar Number (if applicable) _____ Street Address _____ City _____ State United States Zip Code _____ Phone Number _____ Email Address rexmillercp@gmail.com
5. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on 10/20/2019 MM / DD / YYYY	
6. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2:**Give Information About the Claim as of the Date this Claim Form is Filed**

7. What fire is the basis of your claim?

Check all that apply.

- ☒ Camp Fire (2018)
☐ North Bay Fires (2017)
☐ Ghost Ship Fire (2016)
☐ Butte Fire (2015)
☐ Other (please provide date and brief description of fire: _____)

8. What are the loss location(s) where you and/or your family suffered harm? (e.g. home or business address, place of injury, place from which you were evacuated, if different.)

Location(s): 165 Rio Lindo Ave, Suite 100, Chico CA 95926

9. How were you and/or your family harmed?

Check all that apply

- ☐ Property Damage (homes, structures, personal property, land, trees, landscaping, and all other property damage)
☐ Owner ☐ Renter ☐ Occupant ☐ Other (Please specify): _____
☒ Personal Injury
☐ Wrongful Death (if checked, please provide the name of the deceased) _____
☒ Business Loss/Interruption
☒ Lost wages and earning capacity
☐ Loss of community and essential services
☐ Agricultural loss
☐ Other (Please specify): _____

10. What damages are you and/or your family claiming/seeking?

Check all that apply

- ☒ Economic damages (including replacement cost of damaged property, diminution in value, loss of use, lost inventory, lost profits, and other economic damage)
☒ Non-economic damages (including loss of society and support, loss of consortium, pain and suffering, emotional distress, annoyance and discomfort, and other non-economic damage)
☐ Punitive, exemplary, and statutory damages
☐ Attorney's fees and litigation costs
☐ Interest
☒ Any and all other damages recoverable under California law
☐ Other (Please specify): _____

11. How much is the claim?

- ☐ \$ _____ (optional)
☒ Unknown / To be determined at a later date

Part 3: Sign Below

The person completing this proof of claim must sign and date it.
FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.
18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

- ☒ I am the creditor.
☐ I am the creditor's attorney or authorized agent.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: Rex Miller
Rex Miller (Oct 20, 2019)

Email: rexmillercp@gmail.com

Signature

Print the name of the person who is completing and signing this claim:

Name	<u>rex Miller</u>		
	First name	Middle name	Last name
Title	_____		
Company	<u>Cutting Edge Orthopedics</u>		
	Identify the corporate servicer as the company if the authorized agent is a servicer.		
Address	<u>5 Cabaret Drive</u>		
	Number	Street	
	<u>CHICO</u>	<u>CA</u>	<u>95973</u>
	City	State	ZIP Code
Contact phone	<u>5308946400</u>	Email	<u>rexmillercp@gmail.com</u>

Attach Supporting Documentation (limited to a single PDF attachment that is less than 5 megabytes in size and under 100 pages):

☒ I have supporting documentation.
(attach below)

☐ I do not have supporting documentation.

PLEASE REVIEW YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTS AND REDACT ACCORDINGLY PRIOR TO UPLOADING THEM. PROOFS OF CLAIM AND ATTACHMENTS ARE PUBLIC DOCUMENTS THAT WILL BE AVAILABLE FOR ANYONE TO VIEW ONLINE.

IMPORTANT NOTE REGARDING REDACTING YOUR PROOF OF CLAIM AND SUPPORTING DOCUMENTATION When you submit a proof of claim and any supporting documentation you must show only the last four digits of any social-security, individual's tax-identification, or financial-account number, only the initials of a minor's name, and only the year of any person's date of birth. If the claim is based on the delivery of health care goods or services, limit the disclosure of the goods or services so as to avoid embarrassment or the disclosure of confidential health care information.

A document has been redacted when the person filing it has masked, edited out, or otherwise deleted, certain information. The responsibility for redacting personal data identifiers (as defined in Federal Rule of Bankruptcy Procedure 9037) rests solely with the party submitting the documentation and their counsel. Prime Clerk and the Clerk of the Court will not review any document for redaction or compliance with this Rule and you hereby release and agree to hold harmless Prime Clerk and the Clerk of the Court from the disclosure of any personal data identifiers included in your submission. In the event Prime Clerk or the Clerk of the Court discover that personal identifier data or information concerning a minor individual has been included in a pleading, Prime Clerk and the Clerk of the Court are authorized, in their sole discretion, to redact all such information from the text of the filing and make an entry indicating the correction.





Electronic Proof of Claim_CKV*U27397

Final Audit Report

2019-10-20

Created:	2019-10-20
By:	Prime Clerk E-Filing (efiling@primeclerk.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAA8QNI_vfB2c7QrE9Lwdz1Kx5KyncI0KEK

"Electronic Proof of Claim_CKV*U27397" History

-  Web Form created by Prime Clerk E-Filing (efiling@primeclerk.com)
2019-10-20 - 4:52:12 PM GMT
-  Web Form filled in by Rex Miller (rexmillercp@gmail.com)
2019-10-20 - 5:01:41 PM GMT- IP address: 73.90.89.59
-  (User email address provided through API User-Agent: Mozilla/5.0 (Windows NT 6.1; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/77.0.3865.90 Safari/537.36)
2019-10-20 - 5:01:43 PM GMT- IP address: 73.90.89.59
-  Signed document emailed to Rex Miller (rexmillercp@gmail.com) and Prime Clerk E-Filing (efiling@primeclerk.com)
2019-10-20 - 5:01:43 PM GMT